

# PATENT

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

APPLICANT:	Braganza, J.	)	GROUP ART UNIT:	1625
SERIAL NO.:	10/776,953	)	CONFIRMATION NO.:	7596
EXAMINER:	Owens, Amelia A.	)	ATTORNEY DOCKET NO.:	PC25332A
FILED:	02/11/2004	)		
TITLE:	NOVEL TRIAZOLO-PYRIDINES AS ANTI-INFLAMMATORY COMPOUNDS.			

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

## REPLY TO OFFICE ACTION

This paper is in response to the Office Action dated September 13, 2006, having a one month Shortened Statutory Period for Reply that was set to expire on October 13, 2006. An extension of time to reply of five month is hereby requested. A Petition to Revive is filed together with this amendment. Please charge the extension fees, and any appropriate fees for the making of this amendment to Deposit Account No 16-1445

*M. B. D. H.*

June 21, 2007

Philip B. Polster II  
Reg. No. 43,864

**The Listing of Claims** begins on page 2 of this paper.

**Remarks/Arguments** begin on page 17 of this paper.

10/01/2007 00:00:00 10776953

**UNITED STATES PATENT & TRADEMARK OFFICE**  
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND												
1 Date of Request: 10/01/07		2 Serial/Patent # 10/776,953										
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT								
	Filing			\$								
	Amendment			\$								
X	Extension of Time 1255		06/21/07	\$ 2,160.00								
	Notice of Appeal/Appeal			\$								
	Petition			\$								
	Issue			\$								
	Cert of Correction/Terminal Disc.			\$								
	Maintenance			\$								
	Assignment			\$								
	Other			\$								
			7 TOTAL AMOUNT OF REFUND		\$2,160.00							
			8 TO BE REFUNDED BY:									
10 REASON:			Treasury Check									
	Overpayment	X	Credit Deposit A/C #:									
	Duplicate Payment		9 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; text-align: center;">1</td><td style="width: 20px; text-align: center;">6</td><td style="width: 20px; text-align: center;">--</td><td style="width: 20px; text-align: center;">1</td><td style="width: 20px; text-align: center;">4</td><td style="width: 20px; text-align: center;">4</td><td style="width: 20px; text-align: center;">5</td></tr></table>			1	6	--	1	4	4	5
1	6	--	1	4	4	5						
X	No Fee Due (Explanation):											
The extension of time period is over, no extension fee is due.												
11 REFUND REQUESTED BY:												
TYPED/PRINTED NAME: Irvin Dingle		TITLE: Paralegal										
SIGNATURE:		PHONE: 2-3210										
OFFICE: Petitions												
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****												
APPROVED:		DATE: 10/1/07										

*Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:*

**Office of Finance  
Refund Branch  
Crystal Park One, Room 802B**